Name: JACOBS	KANTEG	W-
(Last)	(First)	(Middle Initial)
Prisoner Number: #\	147000	and the second of the
Institutional Address: P.O. S	90 0001 XOP	LGOAD, CA 95960

•		
UNITED STATES DISTRICT COURT		
NORTHERN DISTRICT OF CALIFORNIA		
KANTER WREN J	ACORS)	2.21 07046 WHO
(Enter your full name.))	3:21-cv-07846-WHO
VS.	}	Case No. 64-21-65615 Ve (Provided by the clerk upon filing)
COCYL CAAVEN NE	MEDNA CADY.	COMPLAINT UNDER THE
)	CIVIL RIGHTS ACT, 42 U.S.C. § 1983
)	
(Enter the full name(s) of the defend	dant(s) in this action.)	
(Enter the full name(s) of the defena	lant(s) in this action.))	
(Enter the full name(s) of the defended to the defended to the full name(s) of the defended to the full name(s) of Admin)	
	istrative Remedies.	dies before your claim can go
I. Exhaustion of Admin	istrative Remedies.	
I. Exhaustion of Admin Note: You must exhaust avail forward. The court will	istrative Remedies. able administrative remed I dismiss any unexhausted	l claims.
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I. Exhaustion of Admin Note: You must exhaust avail forward. The court will A. Place of present confiner B. Is there a grievance proc C. If so, did you present the procedure? YES D. If your answer is YES, li level of review. If you d	istrative Remedies. Table administrative remed I dismiss any unexhausted ment SALAS VALL edure in this institution? Is facts in your complaint for NO Ist the appeal number and id not pursue any availab	YES NO Correview through the grievance
I. Exhaustion of Admin Note: You must exhaust avail forward. The court will A. Place of present confiner B. Is there a grievance proc C. If so, did you present the procedure? YES D. If your answer is YES, li level of review. If you d	istrative Remedies. Table administrative remed dismiss any unexhausted ment SALAS VALL edure in this institution? Tacts in your complaint for NO st the appeal number and	YES NO Cor review through the grievance

1	III. Statement of Claim.
2	State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.
4	NO BILL ON ATTAINDER OR EX POST FACTO LAW SHALL
5	BE PASSED. CALIFORNIA VOTIONS PASSED PROPOSITION 57
6	WHICH QUALIFIED MIL FOR RELEASE. THE CAMPINED OF EACH
7	STATE SHALL BE ENTITLED TO ALL PROVILENES AND IMMUNITIES OF
8	of childrens and Sentemal State. THE LAW PASSED, LET ME COD.
9	NA REASON SHALL BE COMPELLED IN ANY CARMANAL CASE
10	TO BE A WILLESS AGANSI HIMSELF, NOR BE DEPORTUED
11	OF LAFE OR PROPERTY, WITHOUT LIBERTY OR OUT PROCESS
12	OF LAW. THAT LAW CHANGED AND CARANTES MY RELEASE,
13	11 SEEMS = HAVE BEEN ALLISED IN A CASHMANAL PROSECUTION
14	WILLOUN BEING INFORMED OF THE NATURE OF THE ACCUSATION
15	Non CAWEN THE ASSISTANCE OF COUNSEL FOR MY DEFENSE.
16	IV. Relief.
17 18	Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.
19	CANANT IMY RELEASE.
20	AWARD ME \$ LODO SO A DAY FOR EVERY DAY
21	PAST SEPTEMBER 2014
22	\$ 2,553,000.00
23	
24	I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
25	Executed on: 7/2/202 Signature of Plaintiff
	(Date Signature of Plaintiff
	PRISONER COMPLAINT (rev. 8/2015)

Page 3 of 3

State of California

Department of Corrections and Rehabilitation
Office of Appeals

Memorandum



To: Claimant

Subject: TIME-EXPIRED RESPONSE FROM THE OFFICE OF APPEALS

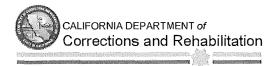
Thank you for submitting your appeal for review by the California Department of Corrections, Office of Appeals. Pursuant to Title 15, section 3486(i)(10), if the Office of Appeals is not able to respond to a claim in 60 calendar days, as in this case, then the claim must be answered "time-expired." As a result, the answer provided by the Office of Grievances remains unchanged and this appeal is now closed. No further action will be taken by the Department and no appeal of this action is permitted under the regulations.

Also, pursuant to Title 15, section 3485(e), "The appeal package submitted by the claimant shall be stored electronically by the Department. The CDCR Form 602-2 shall contain a notification to the claimant that the documents submitted will not be returned to the claimant." Therefore, your Form 602-2 and any supporting documents are not included with this response.

However, a copy of your entire appeal package is maintained in your Central File. The process for requesting copies of documents contained in Central Files, often referred to as an *Olsen* review, can be found in the Department Operations Manual, sections 13030.16 and 13030.17.

Thank you,

HOWARD E. MOSELEY Associate Director



CLAIMANT APPEAL CLAIMS DECISION RESPONSE

Re: Appeal Claims Decision Response

Offender Name: JACOBS, KANTEE WREH Date: 09/15/2021

CDC#: V43080

Current Location: SVSP-Facility B Current Area/Bed: B 001 1 - 150001L

Log #: 000000136916

Claim # 001

Institution/Parole Region of Origin: Salinas Valley State Prison Facility/Parole District of Origin: SVSP-Facility B

Housing Area/Parole Unit of Origin:

Category: Offender Case Records Sub-Category: Other Case Records Issue - NOS

The California Department of Corrections and Rehabilitation (CDCR) Office of Appeals received this claim on 07/16/2021.

California Code of Regulations, title 15, provides the Office of Appeals 60 calendar days to complete a response. Due to the expiration of time, this response by the Office of Appeals will be the only response.

You do not need to resubmit this claim to the Office of Grievances or to the CDCR Office of Appeals.

Decision: Time Expired

State of California

Department of Corrections and Rehabilitation
Office of Appeals

Memorandum



To: Claimant

Subject: TIME-EXPIRED RESPONSE FROM THE OFFICE OF APPEALS

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Thank you,

HOWARD E. MOSELEY Associate Director